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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Amended Petition

Judge - BUCKLO

NHU

Case Number - 07-cv-7221

Case Title - DeValius McDonald vs

Dr. Kim

Date 3/9/08

07C 7221

Exhibits A, B, C, and D are included to prove that Dr. Kim's records are inaccurate and that he acted wantonly, willfully, and with total indifference toward this plaintiff. WHEREFORE, for the foregoing reasons, plaintiff respectfully request this court to enter this evidence and order dismissing defendants statement of facts, with prejudice.

EXHIBITS TO PLAINTIFF'S COMPLAINT

07C7221

Respectfully submitted,

DEVALIUS MCDONALD

*HFM*

DeValius McDonald

8107 South Langley Ave.  
Chicago, Illinois 60619

FILED

MAR 12 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Exhibit AWHITE - INMATE'S COPY  
YELLOW - BOOKING FILE  
PINK - INMATE'S COPY**ADULT CORRECTIONS  
SHERIFF'S DEPARTMENT  
KANE COUNTY**DATE 9-29-07 LOCATION RiskTO Doctor/ Pharmacy BOOKING # 055 990REASON I need my Norvasc or it's analogue  
what the doctor here has given me is  
Something to slow my heart beat. This  
causes chest pain in my heart.

(SIGNATURE)

RESPONSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE)

**INMATES REQUEST**INMATE'S NAME Devalius McDonald**C**

Exhibit B

**KANE COUNTY SHERIFF'S DEPARTMENT  
ADULT CORRECTIONS**

**MEDICAL REQUEST FORM**

Inmate Name DeValius McDonald Date 10-31-07

ID Number 055990 DOB 2-7-1955 Location Risk

Reason My gums are inflamed and bleeding. I am in pain. The food is high in starch with minimal nutritive value. I need a multi-vitamin - multi mineral supplement. I need Vitamin C

The following medical services will require a co-payment:

<input type="checkbox"/> Nurse Sick Call	\$5.00
<input type="checkbox"/> Doctors Visit	\$5.00
<input type="checkbox"/> Dentist Visit	\$5.00
<input type="checkbox"/> X-ray Services	\$5.00
<input type="checkbox"/> Laboratory	\$5.00
<input type="checkbox"/> Prescription	\$3.00
<input type="checkbox"/> OTC* Oral	\$.50
<input type="checkbox"/> OTC* Topical	\$.50

Medical care will never be refused to any inmate. Those inmates who do not have any money on their account will be seen by medical staff, and a negative balance will be placed on their inmate account.

Services received:

Inmate Signature \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_

Inmate has received above checked services, and has refused to sign this form.

Witness \_\_\_\_\_

Exhibit C

WHITE - ORIGINAL  
YELLOW - BOOKING FILE  
PINK - INMATE'S COPY

**ADULT CORRECTIONS  
SHERIFF'S DEPARTMENT  
KANE COUNTY**

DATE 10-3-07

LOCATION Risk

TO Warden

BOOKING # Q55990

REASON Today in the morning time was discribing  
medication I was given 3 multicolored capsules  
to take, I know my medication has been changed  
to a Norvecc Analoge and HCZ. This was not what  
I expected, I asked the Nurse what was it, She was  
unprofessional and vulgar in her language And Said  
she didn't have the time to find out she should be  
replaced with some one [REDACTED]  
she knows their job (SIGNATURE)  
heic dangerous medication is important

RESPONSE

(SIGNATURE)

**INMATES REQUEST**

INMATE'S NAME DeValius McDonald

**C**

Exhibit D

WHITE - ORIGINAL  
 YELLOW - BOOKING FILE  
 PINK - INMATE'S COPY

**ADULT CORRECTIONS  
 SHERIFF'S DEPARTMENT  
 KANE COUNTY**

DATE 10-4-07 LOCATION RISK

TO Doctor BOOKING # 255730

REASON I ASK the morning nurse About my medication. She thought that I was receiving an Anti depressant and want Sure About the other, she was agitated and using profanity. I Need to Know how many pills, shape And Color And Size that I am to have because the nurse sure doesn't know! She is Ob scene, profane and lacking of professionalism !!

She should be replaced.

someone certainly could receive the wrong medication under her care,

RESPONSE \_\_\_\_\_

(SIGNATURE)

(SIGNATURE)

**INMATES REQUEST**

INMATE'S NAME Darvinus McDonald

C

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998/911

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

RECEIVED

DEC 26 2007 am  
DEC 26 2007  
MICHAEL W. REED  
COURT OF APPEALS

De Valera, Mr. Donald

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

14

De kies

07CV7221  
JUDGE BUCKLO  
MAGISTRATE JUDGE KEYS

**Case No:** \_\_\_\_\_  
(To be numbered by the Clerk of this Court)

(Enter above the full name of ALL defendants in this action. Do not use "et al.")

**CHECK ONE ONLY:**

- COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE VI OF THE  
U.S. Code (state, county, or municipal defendant)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendant)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**EXHIBIT**

1

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 01/26/2008 14:18 FAX 8697731183 HARDEE CT 007/011

## I. Plaintiff(s):

- A. Name: De Valles McDonald
- B. List all aliases: none
- C. Prisoner identification number: Q65930
- D. Place of present confinement: Kane County Jail
- E. Address: 717 East Fabian Parkway, Carson, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

## II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. Kim  
 Title: Doctor  
 Place of Employment: Kane County Jail
- B. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

- III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

A. Name of case and docket number: Pluto

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**B. Approximate date of filing lawsuit:** \_\_\_\_\_

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D. List all defendants: \_\_\_\_\_

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B. Court in which the lawsuit was filed (If federal court, name the district; If state court, name the county):

R. Name of whom to whom case was assigned: \_\_\_\_\_

### **C. Basic status mode**

### **a. Basic solution models**

[View Details](#) | [Edit](#) | [Delete](#)

Disposition of this case (for example: Was the case dismissed? Was it appealed?)

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_

L. Approximate date of disposition: \_\_\_\_\_

For more information about the study, contact Dr. Michael J. Hwang at (319) 356-4520 or via email at [mhwang@uiowa.edu](mailto:mhwang@uiowa.edu).

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any laws or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Dr. Kim of Kane County Jail Medical Staff refused to give me Norvasc with HC 27 tablets which is prescribe to me by my private primary healthcare physician at Elgin Medical Care for my hypertension. Instead he substituted Norvasc  
without asking my permission or consulting my private healthcare physician, citing that the cost for Norvasc was too expensive for Kane County. This drug caused me to experience painful heart spasms. I feared for my life. After arguing with Dr. Kim he changed it to Norvasc. Then due to lack of vitamin C in the diet my gums started bleeding and became infected causing excruciating pain and I was unable to eat properly or sleep. Dr. Kim said that he could not give me over the counter vitamins because I had to be ~~positive~~ HIV positive of which I am not. I suffered excruciating pain and was unable to eat properly or sleep for two weeks until I was able to see the dentist. He prescribed penicillin and ibuprofen for pain and swelling of gums. I'm at the present am still feeling slight pain and discomfort.

In my gums because I don't have any vitamins to prevent my deficiency. This occurred during August 2007. Dr. Kim first asked me what medication if any was I taking. I told him that I was prescribed Norvasc and HCTZ tablets by my private physician and had been taking it for the past number of years. Dr. Kim said that he would give me medication. Later when my heart went into spasms I stop taking the medication and I demanded to see Dr. Kim. Dr. Kim told me that he had to change my medication to Norvasc. Dr. Kim about what happen it was only then that he informed me of the change of my medication without notifying me and then when he cried "cost" of Norvasc and we argued and then he changed it to Norvasc. Norvasc works by relaxing the veins so blood flows unresisted with lower blood pressure. Dr. Kim explained that his substance drug slow down my heart which causes a drop in blood pressure. This slowing effect is what caused my heart to spasm as if it was about to stop causing pain and irregular heart beat.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am asking the court for relief in the sum of \$300,000.00

**VI. The plaintiff demands that the case be tried by a jury.  YES  NO**

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 15 day of Dec., 2007

(Signature of plaintiff or plaintiff's attorney)

DeValent McDonald

(Print name)

088990

(I.D. Number)

Kane County Jail

777 East Fabyan Parkway

Geneva, IL 60134  
(Address)

Mailed to:  
Swanson, Martin + Bell, LLP  
Attorneys at Law  
2525 Cabot Drive, Suite 204  
Lisle, Illinois 60532

Certificate of Delivery

The undersigned hereby certifies under penalties of perjury as provided by law, that the above notice and attached pleading were placed in the U.S. Mail at Chicago, Illinois, proper postage prepaid to the party at the address set forth above on the 10th day of March, 2008.

